

Administering Medication Policy

**Statement of intent**

St Edward’s School will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DfE’s guidance: ‘Supporting pupils at school with medical conditions’ (December 2015).

The school is committed to ensuring that parents/carers feel confident that we will provide effective support for their child’s medical condition, and make the pupil feel safe whilst at school.

1. **Legal framework**
   1. This policy has due regard to statutory legislation and guidance including, but not limited to, the following:

* Children and Families Act 2014;
* DfE ‘Supporting pupils at school with medical conditions’ December 2015.

1. **Definitions**
   1. St Edward’s School defines:
      1. “medication” as any prescribed or over the counter medicine.
      2. “prescription medication” as any medication or device prescribed by a doctor.
   2. For the purpose of this policy, “medication” will be used to describe all types of medicine.
2. **Specific roles and responsibilities**
   1. The Board of Governors will be responsible for:

* Approving the school’s Administering Medication Policy;
* Ensuring the policy, as written, does not discriminate on any grounds, including but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
  1. The Senior Management Team, through the Head of Pastoral Care, will be responsible for:
* overseeing the implementation of the Administering Medication Policy;
* ensuring that members of staff who provide support to pupils with medical conditions are suitably trained and have access to information needed;
* ensuring that relevant health and social care professionals are consulted in order to guarantee that the needs of pupils with medical conditions are properly supported;
* managing any complaints or concerns regarding the support provided or administration of medicine using the school’s Complaints and Representation Policy;
* organising another appropriately trained individual to take over the role of administering medication in the case of staff absence;
* ensuring at least one member of staff, preferably the Matron, will accompany a pupil if sent to hospital, until their parent/carer has arrived.
  1. The School’s Matron will be responsible for:
  + the day-to-day implementation and management of the Administering Medication Policy and relevant procedures of St Edward’s School;
  + ensuring that appropriate training is undertaken by staff members administering medication, including overseeing the administering of emergency medication i.e. auto-injectors;
  + ensuring that Parents/carers are aware that they are expected to complete a medication administration form (templates appendix 1) prior to bringing medication into school;
  + coordinate the completion of Individual Health Care Plans (IHCPs) for pupils with a prescription for controlled medication;
  + ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.
  1. All staff members are responsible for:
* reading and assuring Management of their understanding of this policy
* implementing the agreed policy consistently
* understanding what action to take in general terms during a possible medical emergency, such as raising the alarm with the school Matron or other members of staff.
  1. The Care Team is responsible for:
* ensuring that Parents/Carers are aware that they are expected to keep the school informed about any changes to their child/children’s health.

1. **Other roles and responsibilities**
   1. All relevant staff, including consultants and agency staff, will receive training on the Administering Medication Policy as part of their new starter induction.
   2. All relevant staff will receive regular and ongoing training as part of their continued professional development.
   3. A sufficient number of staff will be suitably trained in administering medication.
   4. All relevant staff, including consultants and agency staff, will be made aware of a pupil’s medical condition.
   5. A first aid certificate does not constitute appropriate training in supporting children with medical conditions.
   6. St Edward’s School will provide whole-school awareness training so that all staff are aware of the Administering Medication Policy and understand their role in implementing the policy.
2. **Medication**
   1. Prior to staff members administering any medication, the parents/carers of the pupil must complete and sign a medication administration form (templates appendix 1).
   2. The school must obtain parental consent prior to admission in order to administer any medication including, non-prescription and household remedies. No pupil will be given medicines without written parental consent.
   3. Pupils may self-administer asthmatic inhalers and Auto Injectors (epi-pens). Under no circumstances may a pupil self-medicate any other medication.
   4. In the event that medication needs to be administered covertly, written instruction and authority must be received from the prescribing GP or consultant.
   5. Under no circumstance will a pupil be given aspirin unless there is evidence that it has been prescribed by a doctor.
   6. Medicines must be in date, labelled, and provided in the original container with dosage instructions. Medicines which do not meet these criteria will not be administered, with the exception of insulin which is acceptable to use if it is in date but in a different container, such as an insulin pen.
   7. Before administering medicine, maximum dosages and when the previous dose was taken will be checked.
   8. A maximum of four weeks’ supply of medication may be provided to the school.
   9. When medicines are no longer required, they will be taken to the local pharmacy for correct disposal. A written record is kept.
   10. Needles and sharp objects will always be disposed of in a safe way, using ‘sharp boxes’.
   11. Medications will only be administered at school if it would be detrimental to the child not to do so.
   12. Medications will be stored securely in the Matron’s surgery.
   13. In the event of a school trip or activity which involves leaving the school premises, medicines and devices, such as insulin pens and asthma inhalers, will be readily available to staff and pupils.
   14. Only suitably qualified staff will administer controlled medication.
   15. Staff members have the right to refuse to administer medication. In such a case and in the absence of the school’s Matron, the Duty Senior will delegate the responsibility to another staff member.
   16. Any medications left over at the end of the course, they will be taken to the local pharmacy for correct disposal. A written record is kept.
   17. Written records will be kept for any medication administered to pupils. These are subject to a weekly audit at the discretion of the Head of Pastoral Care.
   18. Pupils will never be prevented from accessing their medication.
   19. Where appropriate, pupils will be encouraged to take their own medication under the supervision of the school’s Matron if these arrangements are reflected in their Individual Health Care Plan (IHCP) (template appendix 2).
   20. If a pupil refuses to take their medication, staff will not force them to do so and parents/carers will be informed so that alternative options can be considered.
   21. St Edward’s School cannot be held responsible for side effects which occur when medication is taken correctly.
   22. Where a pupil’s medical condition is unclear, or where there is a difference of opinion, judgements about what support to provide will be based on the available evidence, including a consultation with parents/carers.
   23. The transportation of medication between the school and home is to be undertaken by responsible adults, including; relevant school staff, passenger assistants, taxi drivers and parents/carers. Under no circumstances, should a pupil be responsible for the transportation of medication either to or from school.
3. **Individual Health Care Plans** 
   1. For chronic or long-term conditions and disabilities that require the prescription of controlled medication, an IHCP will be developed in liaison with the pupil, parents/carers, headteacher, school’s Matron and medical professionals.
   2. When deciding what information should be recorded on an IHCP (template appendix 2), the school’s Matron will consider the following: The medical condition, as well as its triggers, signs, symptoms and treatments
      * The pupil’s resulting needs, such as medication (the correct dosage and possible side effects), equipment and dietary requirements
      * The specific support needed for the pupil’s educational, social and emotional needs in consultation with the SENCo
      * The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
      * Arrangements for receiving parental consent to administer medication
      * Separate arrangements which may be required for school trips and external activities
      * What to do in an emergency, including whom to contact and contingency arrangements
      * What is defined as an emergency, including the signs and symptoms that staff members should look out for.
   3. The Senior Management Team, via the Head of Pastoral Care, will ensure that IHCPs are reviewed at least annually.
   4. IHCPs will be routinely monitored and updated throughout the year by the school’s Matron. The Senior Management Team will approve updates.
4. **Monitor and review**
   1. This policy is reviewed every two years by the Senior Management Team.
   2. Records of medication, which have been administered on school grounds, will be monitored and the information will be used to improve school procedures.
   3. Staff members who are trained to administer medication can recommend any improvements to the procedure.
   4. St Edward’s School will seek advice from any relevant health care professionals as deemed necessary.

This review: JF/KT/PW/AH/Matron January 2020

Approved by Board of Governors: January 2020

**APPENDIX 1**



**Administration of Prescribed Controlled Medication Consent Form**

I consent to ……………………………………………………..

being given prescribed Controlled Medication as listed below:

Name and strength of Medication…………………………………………………..

Dose to be administered…………………………………………………..

Frequency and Time………………………………………………………..

Any other instructions………………………………………………………

Prescribed by…………………………………………………

( Name of Doctor / Paediatrician )

Address of prescribing Doctor / Paediatrician

………………………………………………………………………………………

………………………………………………………………………………………

Tel Number…………………………………………

Signed………………………………………………

( Signature of Parent / Guardian )

Print Name………………………………………………………

Date………………………………..

***NB All medication must be in the original container as dispensed by the pharmacy labeled with the dose, name, and expiry date.***

***I will inform the school Matron immediately if there are changes in dose, frequency, or if the medication should be discontinued.***

M Giles

Matron

March 2019



**Administration of Prescribed Medication Consent Form**

I consent to ……………………………………………………..

being given prescribed Medication as listed below:

Name and strength of Medication…………………………………………………..

Dose to be administered…………………………………………………..

Frequency and Time………………………………………………………..

Any other instructions………………………………………………………

Prescribed by…………………………………………………

( Name of Doctor / Paediatrician )

Address of prescribing Doctor / Paediatrician

………………………………………………………………………………………

………………………………………………………………………………………

Tel Number…………………………………………

Signed………………………………………………

( Signature of Parent / Guardian )

Print Name………………………………………………………

Date………………………………..

***NB All medication must be in the original container as dispensed by the pharmacy labeled with the dose, name, and expiry date.***

***I will inform the school Matron immediately if there are changes in dose, frequency, or if the medication should be discontinued.***

M Giles

Matron

December 2019

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**Administration of an Emergency Salbutamol Inhaler Consent Form**

I confirm that ……………… has a diagnosis of Asthma and has been prescribed a Salbutamol Inhaler (Ventolin) by the G.P.

Dose to be administered …………………………………………………

Frequency and time………………………………………………………………..

Any other instructions …………………………………………………………………

I give my permission for ………………… to be given an emergency use Inhaler

I do not give permission for …………….. to be given an emergency Inhaler

Parent / Guardian Name: …………………………………..

Signature: ………………………………….

Date: ……………………………………….

M Giles

Matron

December 2019



**Administration of Household Remedies Medication Consent Form**

I consent to ( name) ………………………………………….

being given Household Remedies as stocked by the School i.e.

**Tablets**

Allergy tablets

Paracetamol

Ibuprofen

Imodium capsules c/o Diarrhoea

Stugeron Travel Sickness tablets

Throat Lozenges

**Liquid Medication**

Cough Linctus

Liquid Paracetamol

I confirm that any of the above has been taken before without any adverse effects.

I confirm that the any of the above does not interact with prescribed medications taken.

Parent / Guardian Name……………………………

Signature……………………………………………..

Date………………………………………….

M Giles

Matron

December 2019

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**Administration of 2 Emergency Auto-Injectors Consent Form**

I confirm that ……………… has been prescribed 2 Auto-Injectors for the following medical condition i.e.: Food Allergy / Bee Stings etc. by the G.P.

2 Auto-Injectors to be administered as directed on the containers in the event of an Anaphylactic reaction.

Any other instructions …………………………………………………………………

I give my permission for ………………… to be given 2 Auto-Injectors in an emergency

I do not give permission for …………….. to be given 2 Auto –Injectors in an emergency

Parent / Guardian Name: …………………………………..

Signature: ………………………………….

Date: ……………………………………….

M Giles

Matron

December 2019

**APPENDIX 2**

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| --- |
| **Individual Health Care Plan:**  **N.H.S No:**  **Date of Birth:**  **1st Contact Details:**  **Address:**  **Tel No:**  **2nd Contact Details:**  **Information via :** |

|  |
| --- |
| **Date:**  **Diagnosed medical condition:**  **Consultant / G.P :**  **Address:**  **Tel No:** |
| **Prescribed medication:** |
| **Presenting symptoms :** |
| **Recommended action to be taken:** |
| **Emergency action to be taken:** |
| **Clinic review date:**  **Outcome:** |
| *I confirm that the above information is correct as discussed with the Matron.*  **Parent / Guardian Signature………………………………………….**  **Print Name………………………………………………………………**  **Matron’s Signature………………………………………………………**  **Print Name………………………………………………………………**  **Headteacher Signature………………………………**  **Print Name……………………………………………..**  **Date…………………………………** |